

STATE OF WYOMING - INVESTIGATOR'S TRAFFIC ACCIDENT REPORT

CASE NO. \_\_\_\_\_

1	ON PRIVATE PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF ACCIDENT		TIME (24 hr)		DAY OF WEEK		NUMBER VEHICLES		PERSONS INVOLVED		NUMBER OF PEDS		NUMBER INJURED		NUMBER KILLED		INVESTIGATED AT SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO		HIT/RUN <input type="checkbox"/> YES <input type="checkbox"/> NO		PHOTOS <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																														
2	PUBLIC PROPERTY DAMAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		NOTIFIED POLICE DATE _____ TIME _____ ARRIVED				NOTIFIED: EMS DATE _____ TIME _____ ARRIVED:				POLICE NOTIFIED BY EMS RADIO NUMBER												32																																																																																																																														
LOCATION OF ACCIDENT																																																																																																																																																					
3	COUNTY										CITY															33																																																																																																																											
4	ACCIDENT OCCURED ON: name of street, road, or highway number										AT INTERSECTION WITH:															34																																																																																																																											
5	IF NOT AT INTERSECTION _____ FEET _____ MILES _____ OF _____										DIRECTION _____ nearest street, highway, ramp, bridge, city, railroad crossing, etc.															35																																																																																																																											
6	HIGHWAY MILEPOST MARKER:					HIGHWAY SECTION NUMBER:					IF AT INTERCHANGE LOCATION: _____ identify ramp (accel or decel), crossroad, etc.															36																																																																																																																											
VEHICLE 1																																																																																																																																																					
DRIVER NO. 1 LAST NAME										FIRST										MIDDLE INITIAL										37																																																																																																																							
ADDRESS										SOCIAL SECURITY NUMBER										ADDRESS										SOCIAL SECURITY NUMBER										38																																																																																																													
CITY										STATE										ZIP										PHONE										39																																																																																																													
DRIVER'S LICENSE NO.										CLASS										STATE										DATE OF BIRTH										40																																																																																																													
OCCUPATION										EMPLOYED BY										BUSINESS PHONE										OCCUPATION										EMPLOYED BY										BUSINESS PHONE										41																																																																																									
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE										POSTED SPEED										NUMBER OF OCCUPANTS										EST. SPEED										INSURANCE CO.										42																																																																																																			
CARRIER'S NAME										<input type="checkbox"/> VEHICLE SIDE <input type="checkbox"/> SHIPPING PAPERS <input type="checkbox"/> DRIVER										GVWR:										NO. AXLES										CARRIER'S NAME										<input type="checkbox"/> VEHICLE SIDE <input type="checkbox"/> SHIPPING PAPERS <input type="checkbox"/> DRIVER										GVWR:										NO. AXLES										43																																																																					
CARRIER'S IDENTIFICATION										<input type="checkbox"/> US DOT <input type="checkbox"/> ICC MC										HAZ MAT PLACARD? <input type="checkbox"/> YES <input type="checkbox"/> NO										NUMBER/NAME										HAZ MAT RELEASE? <input type="checkbox"/> YES <input type="checkbox"/> NO										CARRIER'S IDENTIFICATION										<input type="checkbox"/> US DOT <input type="checkbox"/> ICC MC										HAZ MAT PLACARD? <input type="checkbox"/> YES <input type="checkbox"/> NO										NUMBER/NAME										HAZ MAT RELEASE? <input type="checkbox"/> YES <input type="checkbox"/> NO										44																																																	
VEHICLE OWNER LAST NAME										FIRST										MIDDLE INITIAL										VEHICLE OWNER LAST NAME										FIRST										MIDDLE INITIAL										45																																																																																									
same as driver										CITY										STATE										same as driver										CITY										STATE										46																																																																																									
VEHICLE IDENTIFICATION NO.										LICENSE NO.										YEAR										STATE										VEHICLE IDENTIFICATION NO.										LICENSE NO.										YEAR										STATE										47																																																																					
MAKE										MODEL										BODY STYLE										YEAR										COLOR										ODOMETER										MAKE										MODEL										BODY STYLE										YEAR										COLOR										ODOMETER										48																													
SHADE DAMAGED AREAS										CHECK APPROPRIATE BOX IF APPLICABLE										SHADE DAMAGED AREAS										1 HEAD ON										2 REAR END										3 ANGLE COLLISION										4 SIDESWIPE MEETING										5 SIDESWIPE PASSING										6 OVERTURN										7 INVOLVED LEFT TURN										8 INVOLVED RIGHT TURN										9 INVOLVED RIGHT TURN ON RED LIGHT										10 OTHER										49																			
INDICATE INITIAL IMPACT BY ARROW										VEHICLE TOWED BY:										VEHICLE TOWED TO:										ESTIMATED REPAIR COST \$										VEHICLE TOWED BY:										VEHICLE TOWED TO:										ESTIMATED REPAIR COST \$										50																																																																															
TICKET/ <input type="checkbox"/> DRIVER NO. 1 <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> ARREST <input type="checkbox"/> DRIVER NO. 2 <input type="checkbox"/> OTHER										TICKET NO.										VIOLATION SECTION										REQUEST LICENSE INVESTIGATION										DRIVER NO.										51																																																																																																			
ACCIDENT DESCRIPTION																																																																																																																																																					
Witnesses																																																																																																																																																					
ALL PERSONS INVOLVED																																																																																																																																																					
OFFICER'S RANK & NAME																									BADGE NO.																									DEPARTMENT																									DATE OF REPORT																									DIVISION																									AGENCY USE																								



## CASE NO

## ACCIDENT RECORDS—WYOMING HIGHWAY DEPARTMENT





State of Wyoming

Operator's or Owner's Traffic Accident Report

Read Carefully

Fill Out Completely

MAIL THIS REPORT & REPAIR COST ESTIMATE TO: ACCIDENT RECORDS,  
WYOMING DEPARTMENT OF TRANSPORTATION, P.O. Box 1708, CHEYENNE, WYOMING 82003-1708

The driver of any vehicle involved in an accident resulting in injury, death, or property damage to an apparent amount of \$500.00 or more must file this report within 10 days. If the driver is physically incapable of reporting and is not the owner of the vehicle, then the owner of the vehicle shall submit this report within 10 days after learning of the accident. Your report is CONFIDENTIAL and not open to general public inspection but may be used in the administration of State laws relating to the Deposit of Security or Proof of Financial Responsibility. This report may NOT be used as evidence in any trial, civil or criminal, EXCEPT for PROSECUTION OF FILING A FALSE REPORT. Failure to file this report may result in a fine of not more than \$200.00; imprisonment of not more than 20 days, or both. **NOTE:** Appraisal of damage cost is required, see ESTIMATED REPAIR COST below. **For additional vehicles, attach another form.** **Please use a BLACK INK PEN.**

Date of Accident month day year time circle the Day of Week: Sun Mon Tue Wed Thu Fri Sat Number of VEHICLES Involved: _____ Number of PERSONS Involved: _____ Killed: _____ Injured: _____ Pedestrians: _____		Accident Reported? <input type="checkbox"/> Yes <input type="checkbox"/> No Investigated at accident scene? <input type="checkbox"/> Yes <input type="checkbox"/> No Accident on PRIVATE PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No  Officer's Name _____ Badge _____ <input type="checkbox"/> 1 WYO HWY PATROL <input type="checkbox"/> 4 Other Agency <input type="checkbox"/> 2 CITY POLICE <input type="checkbox"/> 5 NOT Investigated <input type="checkbox"/> 3 SHERIFF'S OFFICE		Accident Involved Your Vehicle and: <input type="checkbox"/> 1 One other vehicle <input type="checkbox"/> 9 Permanent object: <input type="checkbox"/> 2 Two or more vehicles bridge, post, etc. <input type="checkbox"/> 3 Parked vehicle <input type="checkbox"/> 10 Overturned vehicle <input type="checkbox"/> 4 Pedestrian <input type="checkbox"/> 11 Other _____ explain <input type="checkbox"/> 5 Train <input type="checkbox"/> 6 Bicycle, tricycle, etc. <input type="checkbox"/> 7 Motorcycle <input type="checkbox"/> 8 Animal (type: _____)		
Name of COUNTY where accident occurred:			Accident was <input type="checkbox"/> IN <input type="checkbox"/> NEAR		Name of City or Town:	
ACCIDENT OCCURRED ON: name of street, road, or highway number			AT INTERSECTION WITH: name of street, road or highway number			
IF NOT AT INTERSECTION: describe how far it is AND direction to the next nearest street, highway, city, permanent landmark, or highway milepost marker (whichever is closer):						
DRIVER of YOUR VEHICLE			DRIVER of OTHER VEHICLE			
Last Name First Middle Initial			Last name First Middle Initial			
Street Address Social Security Number			Street Address Social Security Number			
City State ZIP			City State ZIP			
Driver's License Number Class State Date of Birth			Driver's License Number Class State Date of Birth			
Driver is <input type="checkbox"/> Male <input type="checkbox"/> Female		Total Persons In Your Vehicle:	Posted Speed Limit:	Your Approx. Speed:	Driver is <input type="checkbox"/> Male <input type="checkbox"/> Female	
Employer		Occupation		Employer		
Home Phone:		Business Phone:		Home Phone:		
Vehicle Owner's Name <input type="checkbox"/> same as driver		City State ZIP		Vehicle Owner's Name <input type="checkbox"/> same as driver		
Street Address		City State ZIP		Street Address		
Vehicle Identification Number		License Plate No. State		Vehicle Identification Number		
Vehicle Year Make		Body Style Model		Vehicle Year Make		
Vehicle Year Make		Body Style Model		Vehicle Year Make		
Shade the damaged parts of your vehicle:		OFFICIAL Repair Cost Estimate \$		Shade the damaged parts of the other vehicle:		
		<b>NOTE: Estimated Repair Cost</b> Whenever damage occurs to a motor vehicle, the operator <i>shall attach</i> to this accident report an estimate of repairs or a statement of the total loss from an established repair garage, or an insurance adjustor employed by an insurer, licensed to do business in this State.				
LIST DAMAGED PROPERTY OTHER THAN TO VEHICLES INVOLVED				Property Repair Cost Estimate \$		
Property Owner Address City State				Property Repair Cost Estimate \$		
<div>➡ COMPLETE THIS SECTION Do NOT Detach!</div> <div>Wyoming Insurance Certificate SR21</div> <div>The Department of Transportation will mail this section to your insurance company.</div>						
DATE OF ACCIDENT _____ PLACE OF ACCIDENT _____ COUNTY _____						
NAME OF HIGHWAY ROUTE OR TOWN						
YEAR MAKE BODY STYLE MODEL VEHICLE IDENTIFICATION NUMBER						
YOUR VEHICLE DESCRIPTION:						
DRIVER'S NAME			DRIVER'S ADDRESS			
OWNER'S NAME			OWNER'S ADDRESS			
NAME OF THE INSURANCE COMPANY WHICH ISSUED POLICY (NOT the agency name)			POLICY NUMBER			
NAME OF POLICY HOLDER			ADDRESS OF POLICY HOLDER			
DRIVER'S LICENSE NUMBER			DRIVER or OWNER			
SIGNATURE of person making this report:						



<b>ROAD ALIGNMENT</b> for your vehicle:		<b>ROAD CONDITIONS:</b>		<b>What TRAFFIC CONTROL DEVICES</b> were involved for your vehicle?		<b>ACTIVITY PRIOR TO ACCIDENT?</b>			
<input type="checkbox"/> 1. Straight & level <input type="checkbox"/> 2. Straight, down grade <input type="checkbox"/> 3. Straight, up grade <input type="checkbox"/> 4. Straight, hillcrest <input type="checkbox"/> 5. Curve & level <input type="checkbox"/> 6. Curve, down grade <input type="checkbox"/> 7. Curve, up grade <input type="checkbox"/> 8. Curve, hillcrest		<input type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Icy <input type="checkbox"/> 4. Snowy <input type="checkbox"/> 5. Muddy <input type="checkbox"/> 6. Slush <input type="checkbox"/> 7. Slippery (fuel, etc)  <b>Was ROAD CONSTRUCTION in progress?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 1. None Present <input type="checkbox"/> 2. Stop Sign <input type="checkbox"/> 3. Yield Sign <input type="checkbox"/> 4. Flashing Lights <input type="checkbox"/> 5. Railroad sign or signal <input type="checkbox"/> 6. DO NOT ENTER sign <input type="checkbox"/> 7. Traffic Signal <input type="checkbox"/> 8. Traffic Signal with pedestrian sign <input type="checkbox"/> 9. Officer/flagman directing traffic <input type="checkbox"/> 10. Pedestrian Crossing <input type="checkbox"/> 11. No passing, zone striping/sign <input type="checkbox"/> 12. Warning sign <input type="checkbox"/> 13. Pavement striping/markings <input type="checkbox"/> 14. Other _____ <input type="checkbox"/> 15. Traffic cones or barrels <input type="checkbox"/> 16. School bus flashing stop lights <input type="checkbox"/> 17. Temporary concrete barrier		<div>YOU <input type="checkbox"/></div> <div>Other <input type="checkbox"/></div> <div><input type="checkbox"/> 1. Going straight ahead (or around curve) <input type="checkbox"/> 2. Slowing <input type="checkbox"/> 3. Stopped in traffic <input type="checkbox"/> 4. Making RIGHT turn <input type="checkbox"/> 5. Making LEFT turn <input type="checkbox"/> 6. Making U-TURN <input type="checkbox"/> 7. Passing <input type="checkbox"/> 8. Backing <input type="checkbox"/> 9. Entering/leaving parked position <input type="checkbox"/> 10. Starting in traffic <input type="checkbox"/> 11. Parked <input type="checkbox"/> 12. Changing lanes <input type="checkbox"/> 13. Avoiding object in roadway <input type="checkbox"/> 14. Driving stolen vehicle <input type="checkbox"/> 15. Other: _____ <input type="checkbox"/> 16. Evading Law Enforcement Officer <input type="checkbox"/> 17. Road or right-of-way maintenance</div>			
<b>ROAD SURFACE</b>		<b>LIGHT CONDITION</b>		<b>SAFETY EQUIPMENT</b>		<b>Person's PHYSICAL STATUS</b>		<b>Person's MEDICAL TREATMENT</b>	
<input type="checkbox"/> 1. Concrete <input type="checkbox"/> 2. Blacktop (asphalt) <input type="checkbox"/> 3. Gravel / rock <input type="checkbox"/> 4. Dirt <input type="checkbox"/> 5. Brick		<input type="checkbox"/> 1. Daylight <input type="checkbox"/> 2. Darkness, unlighted <input type="checkbox"/> 3. Darkness, lighted (street lamps, etc) <input type="checkbox"/> 4. Dawn / Dusk		<input type="checkbox"/> 1 None used <input type="checkbox"/> 2 Not available <input type="checkbox"/> 3 Lap belt only <input type="checkbox"/> 4 Shoulder & lap <input type="checkbox"/> 5 Air bag (deployed) <input type="checkbox"/> 6 Child Restraint <input type="checkbox"/> 7 Helmet <input type="checkbox"/> 8 Passive restraint <input type="checkbox"/> 9 Unknown		<input type="checkbox"/> 1 No apparent injury <input type="checkbox"/> 2 Fatal injury <input type="checkbox"/> 3 Incapacitating injury (cannot perform normally) <input type="checkbox"/> 4 Non-incapacitating injury (bruises, cuts, swelling, etc.) <input type="checkbox"/> 5 Possible injury (no visible signs of injury)		<input type="checkbox"/> 1 Fatal: not documented <input type="checkbox"/> 2 Fatal: autopsy <input type="checkbox"/> 3 Fatal: medical diagnosis <input type="checkbox"/> 4 Hospitalized (24hr+) <input type="checkbox"/> 5 Treated & Released <input type="checkbox"/> 6 First aid at scene <input type="checkbox"/> 7 No treatment <input type="checkbox"/> 8 Unknown <input type="checkbox"/> 9 Refused Treatment	
<b>WEATHER</b>		<b>POSITION OF ALL PERSONS</b>		<b>LIST ALL PERSONS INVOLVED</b>		<b>CODE HERE</b>		<b>CODE HERE</b>	
<input type="checkbox"/> 1. Clear or cloudy <input type="checkbox"/> 2. Raining <input type="checkbox"/> 3. Snowing <input type="checkbox"/> 4. Fog or smoke <input type="checkbox"/> 5. Dust <input type="checkbox"/> 6. Strong wind only <input type="checkbox"/> 7. Ground Blizzard <input type="checkbox"/> 8. Steel / hail		<div>1 Driver 2 - 9 Passengers 10 Hanging / riding on outside 11 Pedacyclist 12 Pedestrian 13 Motorcyclist 14 Truck sleeper 15 Other _____ 16 Open pickup bed 17 In camper/ shell/ truck 18 Lying down - front 19 Lying down - rear</div> <div><div>123 456 789 10</div><div>CODE HERE</div><div>CODE HERE</div></div>		<div>Name</div> <div>Address</div>		<div>Vehicle</div> <div>Age</div> <div>Sex</div>			
				<div>Name</div> <div>Address</div>		<div>Vehicle</div> <div>Age</div> <div>Sex</div>			
				<div>Name</div> <div>Address</div>		<div>Vehicle</div> <div>Age</div> <div>Sex</div>			
				<div>Name</div> <div>Address</div>		<div>Vehicle</div> <div>Age</div> <div>Sex</div>			
				<div>Name</div> <div>Address</div>		<div>Vehicle</div> <div>Age</div> <div>Sex</div>			
				<div>Name</div> <div>Address</div>		<div>Vehicle</div> <div>Age</div> <div>Sex</div>			
				<div>Name</div> <div>Address</div>		<div>Vehicle</div> <div>Age</div> <div>Sex</div>			
<b>ACCIDENT DESCRIPTION:</b> Describe what happened just before and during the accident. Was alcohol involved? Was the driver distracted? Were drugs, prescribed medication, or physical disabilities involved? Refer to each vehicle by driver's name.		<b>ACCIDENT DIAGRAM:</b> Draw you own diagram. (1)Show NORTH by arrow in the circle. (2) Show direction of vehicles (or pedestrian) before crash. (3) Show approximate crash point. (4) Show where vehicles (or pedestrian) were located at final position. (5) Show vehicles by symbol:  and identify each. (6) Show distance, direction to landmarks, or other identifying marks.		<div><input type="checkbox"/> 1. Head On </div> <div><input type="checkbox"/> 2. Rear End </div> <div><input type="checkbox"/> 3. Angle Collision </div> <div><input type="checkbox"/> 4. Sideswipe Meeting </div> <div><input type="checkbox"/> 5. Sideswipe Passing </div> <div><input type="checkbox"/> 6. Overturn </div> <div><input type="checkbox"/> 7. Involves a Vehicle Turning LEFT </div> <div><input type="checkbox"/> 8. Involves a Vehicle Turning RIGHT </div> <div><input type="checkbox"/> 9. Involves a Vehicle Turning RIGHT on RED LIGHT </div> <div><b>DIRECTION of TRAVEL:</b> YOU were going: <input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> NW  Other was going: <input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> NW</div>					
				<div>(Driver must sign report if physically capable)</div> <div>SIGN HERE:</div>		<div>DATE</div>			

Do NOT Complete This Section - FOR OFFICIAL USE ONLY		<b>SR21</b>	
Do NOT Detach!		<b>DRIVER SERVICES</b>	
Insurance Carrier, Return To:		Department of Transportation P.O. Box 1708 Cheyenne, Wyoming 82003-1708	
With regard to an AUTOMOBILE LIABILITY INSURANCE POLICY for the policyholder named on the reverse side hereof, the undersigned insurance company advises you in accordance with the items checked below:			
<input type="checkbox"/> 1. NO policy was in effect on the date of the accident.			
<input type="checkbox"/> 2. Our policy for the named policyholder applies to the person as the owner of the vehicle involved in the accident and any driver operating the vehicle with permission of the owner.			
<input type="checkbox"/> 3. Our policy for the named policyholder applies to the owner of the vehicle involved in the accident, but does not apply to the operator of the vehicle involved.			
<input type="checkbox"/> 4. Our policy for the named policyholder applies to the person as the operator, but does not apply to the owner of the vehicle involved in the accident.			
<input type="checkbox"/> 5. Our policy affords limits of liability of at least \$25,000/\$50,000 bodily injury/death and \$20,000 property damage.			
<input type="checkbox"/> 6. Our policy affords limits of less than \$25,000/\$50,000 bodily injury/death and \$20,000 property damage.			
DATE: _____		SIGNATURE: _____	
AUTHORIZED INSURANCE REPRESENTATIVE			